

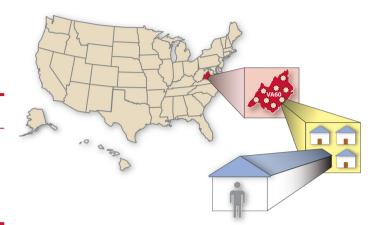
The CBHSQ Report

Short Report July 27, 2017

WHY DO ADULTS MISUSE PRESCRIPTION DRUGS?

AUTHORS

Rachel N. Lipari, Ph.D., Matthew Williams, Ph.D., and Struther L. Van Horn, M.A.



INTRODUCTION

Prescription drug misuse is second only to marijuana use as the nation's most commonly used illicit drug. 1,2 Although prescription drug misuse is common in the United States, the majority of people (87.2 percent) who take prescription pain relievers do not misuse them. 2 Understanding the prevalence of and reasons for prescription drug misuse has major public health implications. Policymakers can use this type of information to help inform their assessments of substance use prevention and treatment needs in their communities.

The 2015 National Survey on Drug Use and Health (NSDUH) collects information on the reasons people misuse prescription psychotherapeutic drugs. NSDUH is an annual survey of the U.S. civilian, noninstitutionalized population aged 12 years or older and is the primary source for statistical information on illicit drug use, alcohol use, substance use disorders, and mental health issues for this population. One of NSDUH's strengths is its large sample size, which allows for examinations of prescription drug misuse and the reason for that misuse.

This issue of *The CBHSQ Report* presents 2015 NSDUH estimates of past year misuse of prescription drugs among adults aged 18 or older and the primary reason for misusing these drugs among adults who misused them. As defined in NSDUH, misuse of prescription drugs includes use in any way that a doctor did not direct the respondent to use them, including (1) use without a prescription of the respondent's own; (2) use in greater amounts, more often, or longer than the respondent was told to take them; or (3) use in any other way a doctor did not direct the respondent to use them. Misuse does not include use of over-the-counter drugs or legitimate use of prescription drugs. NSDUH respondents were asked to provide information about their use and misuse of four categories of prescription drugs: pain relievers, tranquilizers, stimulants, and sedatives. The specific prescription drugs asked about on NSDUH are identified as controlled substances by the Drug Enforcement Administration based on (1) a substance's potential for abuse, (2) the current state of

In Brief

- According to the 2015 National Survey on Drug Use and Health (NSDUH), approximately 91.8 million adults aged 18 or older were past year users of prescription pain relievers in 2015, representing more than one-third (37.8 percent) of the adult population.
- About 11.5 million adults misused prescription pain relievers at least once in the past year. The most common reason for their last misuse of pain relievers was to relieve physical pain (63.4 percent).
- About 5.7 million adults misused prescription tranquilizers at least once in the past year. The most common reasons for their last misuse of tranquilizers were to relax or relieve tension (46.2 percent) and to help with sleep (21.2 percent).
- About 4.8 million adults misused prescription stimulants at least once in the past year. The most common reasons for misuse of stimulants were to help be alert or to stay awake (28.4 percent), to help concentrate (26.2 percent), and to help study (22.4 percent).
- About 1.4 million adults misused prescription sedatives at least once in the past year. The most common reason for the last misuse was to help with sleep (73.2 percent).

scientific knowledge regarding a drug, (3) risks to public health, or (4) the potential for physiological or psychological dependence.³ NSDUH respondents who reported misuse of any of the four categories of prescription drugs at least once in the past year were asked to indicate their reasons for their most recent misuse of the prescription drug. Respondents who identified more than one reason for their most recent prescription drug misuse were asked to indicate the main reason for misuse. The reasons for misusing prescription drugs are listed in Table S1. Findings in this report are based on 2015 NSDUH data from approximately 51,200 adults aged 18 or older.

PRESCRIPTION PAIN RELIEVERS

NSDUH respondents provided information on their use and misuse of prescription pain relievers including opioids such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®, Percocet®), and morphine. Approximately 91.8 million adults aged 18 or older were past year users of prescription pain relievers in 2015, representing more than one-third (37.8 percent) of the adult population. Approximately 11.5 million adults misused prescription pain relievers at least once in the past year, representing 4.7 percent of all adults or 12.5 percent of adults who used pain relievers in the past year (Figure 1).

The 11.5 million adults who misused prescription pain relievers at least once in the past year were asked to identify the reason for their most recent pain reliever misuse. Respondents were asked to choose from the following list the reason they most recently misused a prescription pain reliever:

- to relieve physical pain,
- to relax or relieve tension,
- to experiment or see what the drug is like,
- to feel good or get high,
- to help with sleep,
- · to help with feelings or emotions,
- to increase or decrease the effects of other drugs,
- because the respondent is "hooked" or has to have the drug, or
- for some other reason.

Among adults in 2015 who misused prescription pain relievers at least once in the past year, the most commonly identified reason for their last misuse of a pain reliever was to relieve physical pain (63.4 percent), in keeping with the reason pain relievers are prescribed (Figure 2). Even if the reason for misuse was to relieve physical pain and that was the purpose for which the prescription drug was prescribed, it is still considered misuse to use a prescription drug without a prescription of one's own or to use it at a higher dosage or more often than prescribed. Other commonly identified reasons for the most recent misuse among adults who misused pain relievers at least once in the past year were to feel good or get high (11.7 percent) and to relax or relieve tension (10.9 percent). Less common reasons among past year misusers of pain relievers included to help with sleep (4.5 percent), to help with feelings or emotions (3.2 percent), because they were "hooked" or had to have the drug (2.5 percent), to experiment or see what the drug was like (2.0 percent), and to increase or decrease the effects of other drugs (0.9 percent). In addition, 1.1 percent of past year misusers of pain relievers misused them for some other reason.

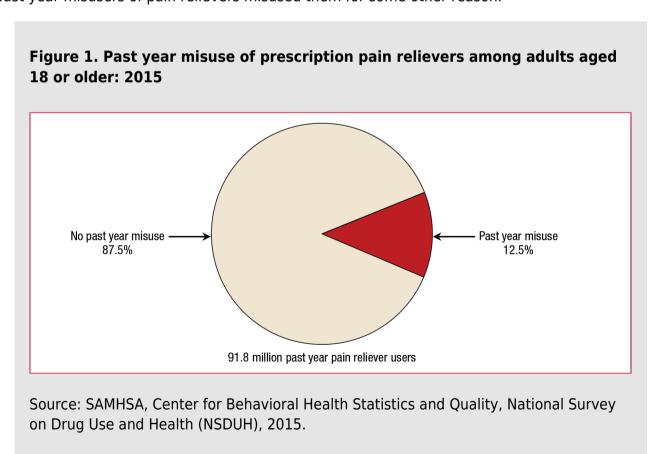
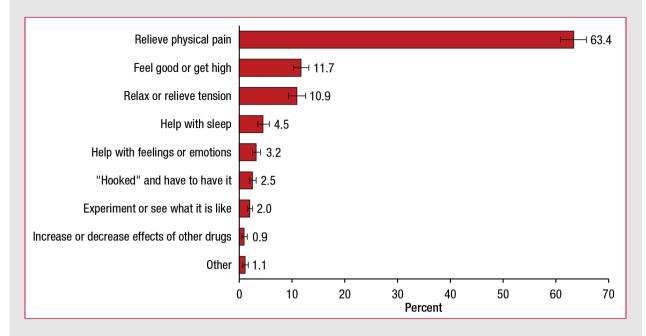


Figure 2. Main reasons for last episode of prescription pain reliever misuse among past year misusers aged 18 or older: 2015



PRESCRIPTION TRANQUILIZERS

NSDUH asks respondents to provide information about prescription tranquilizers, which are substances often prescribed for anxiety or muscle spasm relief. The prescription tranquilizers category includes benzodiazepine drugs such as alprazolam (e.g., Xanax®), muscle relaxants such as Soma®, and others. In 2015, about 38.2 million adults aged 18 or older were past year users of prescription tranquilizers, representing 15.8 percent of the adult population. Approximately 5.7 million adults misused prescription tranquilizers at least once in the past year, representing 2.3 percent of all adults or 14.8 percent of adults who used tranquilizers in the past year (Figure 3).

When adults were asked to provide information on the reasons for misuse during the most recent time in the past year that they misused prescription tranquilizers, they were provided a list of reasons similar to the list for pain reliever misuse, but the list did not include the option "to relieve physical pain" (Table S1). Among adults who misused prescription tranquilizers at least once in the past year, the most common reasons for the last misuse were to relax or relieve tension (46.2 percent) and to help with sleep (21.2 percent); these are common reasons for prescribing tranquilizers (Figure 4). Even if the reason for misuse was a reason for which tranquilizers are prescribed, it is still considered misuse to use them without a prescription, to use them more often than prescribed, or to use them at higher dosages than prescribed. Eleven percent of adults who misused prescription tranquilizers at least once in the past year indicated that the main reason for their last misuse was to feel good or get high, and 10.9 percent indicated that their main reason was to help with feelings or emotions. Less common reasons for misuse included experimenting to see what the drug was like (5.4 percent), increasing or decreasing the effects of other drugs (1.6 percent), and because of being "hooked" or needing to have the drug (0.4 percent). Among adults who misused tranquilizers at least once in the past year, an estimated 3.4 percent misused them for some other reason.

Figure 3. Past year misuse of prescription tranquilizers among adults aged 18 or older: 2015

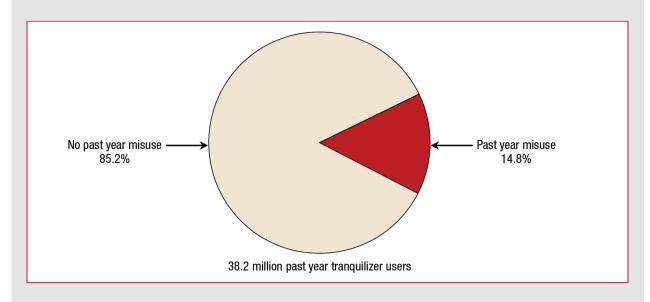
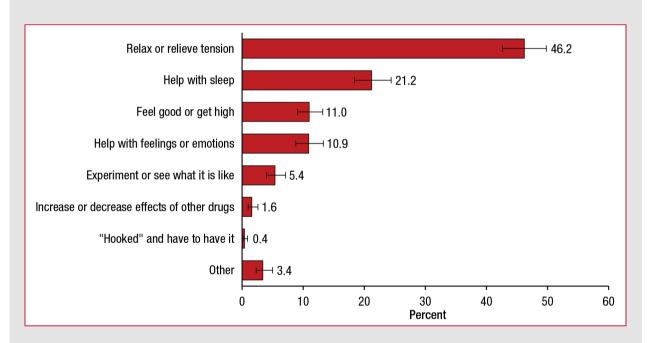


Figure 4. Main reasons for last episode of prescription tranquilizer misuse among past year misusers aged 18 or older: 2015



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015.

PRESCRIPTION STIMULANTS

NSDUH respondents provided information on their use and misuse of prescription stimulants, such as amphetamines (e.g., Adderall®) and methylphenidate (e.g., Ritalin®). Prescription stimulants are often prescribed to treat attention-deficit/hyperactivity disorder (ADHD), to reduce or control weight, or to promote wakefulness because of sleepiness associated with conditions such as narcolepsy or sleep apnea. Approximately 15.4 million adults were past year users of prescription stimulants in 2015, representing 6.3 percent of adults. In 2015, about 4.8 million adults misused prescription stimulants at least once in the past year, representing 2.0 percent of all adults or 30.9 percent of adults who used stimulants in the past year (Figure 5).

NSDUH respondents who misused prescription stimulants were asked to choose from the following list the reason they most recently misused a prescription stimulant: (1) to help lose weight, (2) to help concentrate, (3) to help be alert or stay awake, (4) to help study, (5) to experiment or see what the drug is like, (6) to feel good or get high, (7) to increase or decrease the effects of other drugs, (8) because the respondent is "hooked" or has to have the drug, or (9) for some other reason. In 2015, the most commonly identified reasons for stimulant misuse among adults who misused stimulants at least once in the past year were to help be alert or stay awake (28.4 percent), to help concentrate (26.2 percent), and to help study (22.4 percent) (Figure 6). Unlike pain relievers, tranquilizers, and sedatives, the intended purpose of prescribing stimulants is not always apparent from the name of the category. Many people may be prescribed stimulants to help manage their ADHD symptoms. However, using prescription stimulants without a prescription, using them more often than prescribed, or using them at higher dosages than prescribed still constitutes misuse and can have adverse or unintended consequences. Less commonly identified reasons for the last misuse of prescription stimulants among past year misusers were to experiment or see what the drug was like (5.2 percent), to help lose weight (4.3 percent), to increase or decrease the effects of other drugs (1.5 percent), and because of being "hooked" or needing to have the drug (0.1 percent). Among adults who misused stimulants at least once in the past year, an estimated 2.1 percent misused them for some other reason.

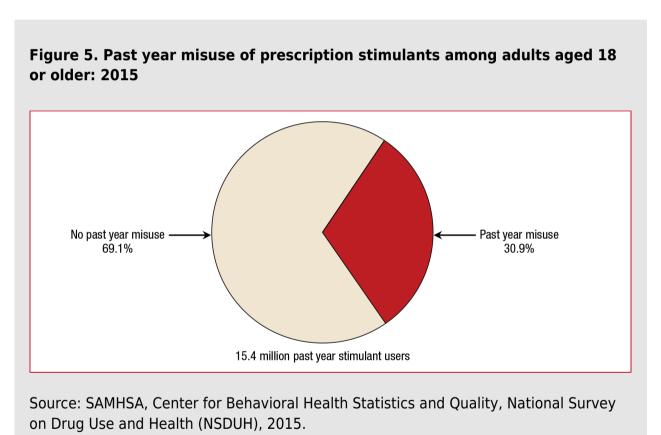
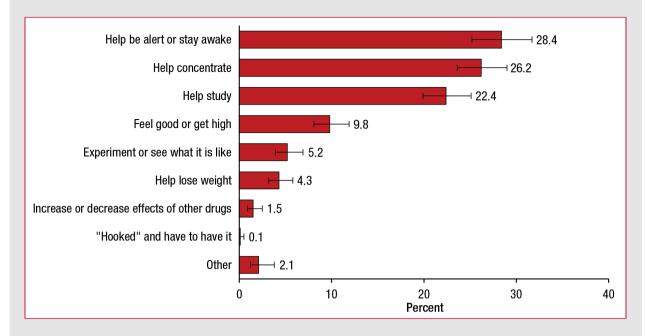


Figure 6. Main reasons for last episode of prescription stimulant misuse among past year misusers aged 18 or older: 2015



PRESCRIPTION SEDATIVES

NSDUH asks respondents to provide information on their use and misuse of prescription sedatives, which are psychotherapeutics often prescribed to relieve sleep disorders such as insomnia. Zolpidem (e.g., Ambien®) is an example of a prescription sedative. Approximately 18.0 million adults were past year users of prescription sedatives in 2015, representing 7.4 percent of adults. In 2015, about 1.4 million adults misused prescription sedatives at least once in the past year, representing 0.6 percent of all adults or 7.8 percent of adults who used sedatives in the past year (Figure 7).

When adults were asked to provide information on the reasons for misuse during the most recent time in the past year that they misused prescription sedatives, they were provided a list of reasons identical to those who used for tranquilizers. Among adults who misused prescription sedatives in the past year, the most common reason for the last misuse was to help with sleep (73.2 percent), which is the reason sedatives are prescribed (Figure 8). Even if adults took sedatives to help them sleep, this use is still considered misuse if the adult took them without a prescription, more often than prescribed, or at higher dosages than prescribed. Other reasons for the last misuse among adults who misused sedatives in the past year were to relax or relieve tension (12.0 percent) and to feel good or get high (5.1 percent). Less common reasons for sedative misuse included help with feelings or emotions (3.9 percent), to experiment or see what the drug was like (3.0 percent), and to increase or decrease the effects of other drugs (1.3 percent). The percentage of adults who misused prescription sedatives at least once in the past year because they were "hooked" is not presented due to low precision. In addition, among adults who misused sedatives at least once in the past year, an estimated 1.6 percent misused them for some other reason.

Figure 7. Past year misuse of prescription sedatives among adults aged 18 or older: 2015

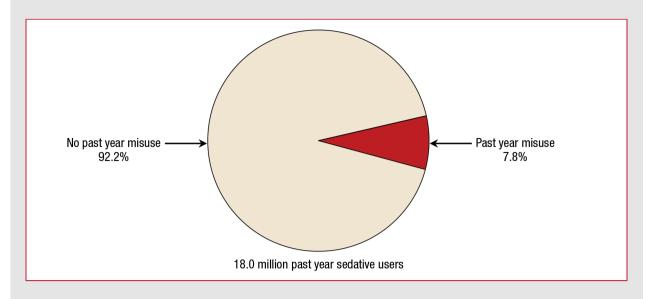
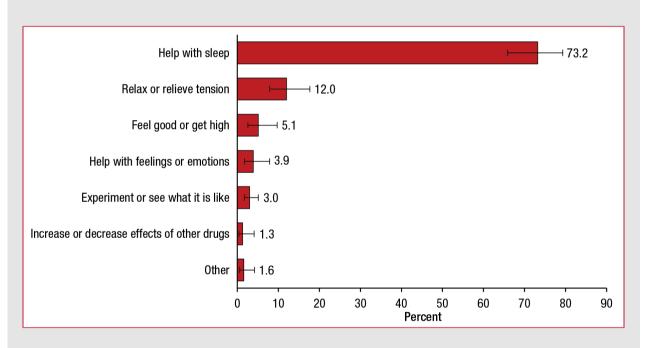


Figure 8. Main reasons for last episode of prescription sedative misuse among past year misusers aged 18 or older:



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015.

DISCUSSION

Research has shown that there is a common misperception in the United States that prescription drug misuse is without risk because prescription drugs are regulated pharmaceuticals with legal, medical uses. The DEA has deemed the substances assessed in NSDUH as having abuse potential. This study highlights that most people who misuse prescription drugs are doing so for the very reason that the substances are typically prescribed, and comparatively few were misusing the prescription drug because they were trying to get high. However, the misuse of many of these prescription drugs, such as prescription opioids, even for the purpose they have been prescribed for, has documented risks, such as dependence, overdose, and death. Previous research on prescription drug misuse has shown that the two most commonly reported sources of the prescription pain relievers that were misused were (1) obtaining the drugs from a friend or relative and (2) receiving the drugs through prescriptions or health care providers. This suggests that physicians and other medical practitioners may consider talking with their patients or clients about the potential health consequences of misusing their prescriptions, not sharing their prescription medications, preventing others from accessing their medications, and disposing of remaining dosage units. As more years of NSDUH data are collected, it will be possible to conduct additional analyses to inform prescription drug misuse prevention efforts, such as misuse among adolescents or the relationship between reasons for misuse and the source of the drug. This type of additional research may give policymakers information they could to use to improve treatment and prevention efforts.

The Substance Abuse and Mental Health Services Administration provides information on what communities can do to help prevent overdoses and deaths related to prescription drug misuse (see: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742). For a comprehensive report on NSDUH prescription drug misuse data, see https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm/.

ENDNOTES

- 1. National Drug Intelligence Center. (2011, August). *National drug threat assessment 2011* (Product No. 2011-Q0317-001). Johnstown, PA: Author. Retrieved from http://www.justice.gov/archive/ndic/
- 2. Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from https://samhsa.gov/data/
- 3. Several of the pain relievers and stimulants in NSDUH are in Schedule II, indicating that these substances have currently accepted medical uses but also a high potential for abuse that can lead to severe psychological or physiological dependence. Some of the stimulants in NSDUH that are prescribed for weight loss are in Schedule III, and several of the tranquilizers and sedatives in NSDUH are in Schedule IV. For more information on the prescription drugs assessed in NSDUH, see Appendix A of Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from https://samhsa.gov/data/
- 4. Frank, D., Mateu-Gelabert, P., Guarino, H., Bennett, A., Wendel, T., Jessell, L., & Teper, A. (2015). High risk and little knowledge: Overdose experiences and knowledge among young adult nonmedical prescription opioid users. *International Journal of Drug Policy*, 26(1), 84–91. doi: 10.1016/j.drugpo.2014.07.013
- 5. McCance-Katz, E. F., Sullivan, L., & Nallani, S. (2010). Drug interactions of clinical importance among the opioids, methadone and buprenorphine, and other frequently prescribed medications: A review. *American Journal of Addiction*, 19(1), 4–16. doi: 10.1111/j.1521-0391.2009.00005.x
- 6. Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from https://samhsa.gov/data/
- 7. Hall, A. J., Logan, J. E., Toblin, R. L., Kaplan, J. A., Kraner, J. C., Bixler, D., et al. (2008). Patterns of abuse among unintentional pharmaceutical overdose fatalities. *Journal of the American Medical Association*, 300(22), 2613–2620.
- 8. McLellan, A. T., & Turner, B. (2008). Prescription opioids, overdose deaths, and physician responsibility. *Journal of the American Medical Association*, 300(22), 2672–2673.

SUGGESTED CITATION

Lipari, R.N., Williams, M. and Van Horn, S.L. Why do adults misuse prescription drugs? The CBHSQ Report: July 27, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Table S1. Main reasons for prescription drug misuse for the last episode of misuse among individuals aged 18 or older who misused prescription drugs in the past year: 2015

Main reason for misuse	Pain reliever	Tranquilizer	Stimulant	Sedative
Relieve physical pain	63.4 (1.26)	()	()	()
Relax or relieve tension	10.9 (0.82)	46.2 (1.84)	()	12.0 (2.47)
Help with sleep	4.5 (0.54)	21.2 (1.54)	()	73.2 (3.42)
Help with feelings or emotions	3.2 (0.40)	10.9 (1.12)	()	3.9 (1.44)
Experiment or see what it is like	2.0 (0.25)	5.4 (0.77)	5.2 (0.76)	3.0 (0.84)
Feel good or get high	11.7 (0.75)	11.0 (1.03)	9.8 (0.95)	5.1 (1.71)
Increase or decrease effects of other drugs	0.9 (0.24)	1.6 (0.38)	1.5 (0.40)	1.3 (0.77)
Because the respondent is "hooked" or has to have it	2.5 (0.32)	0.4 (0.16)	0.1 (0.07)	** (**)
Help lose weight	()	()	4.3 (0.66)	()
Help concentrate	()	()	26.2 (1.39)	()
Help be alert or stay awake	()	()	28.4 (1.66)	()
Help study	()	()	22.4 (1.32)	()
Some other reason	1.1 (0.24)	3.4 (0.69)	2.1 (0.63)	1.6 (0.80)

[—] Low precision; no estimate provided.

Note: Estimates shown are percentages with standard errors included in parentheses.

Note: Responses to the Some Other Reason category for one drug type may fall into a response category that is only asked for another drug type. For example, some other reason given for tranquilizer misuse by respondents includes to relieve physical pain.

Note: Respondents with unknown information for their main reason for misuse were excluded from the analysis, including respondents who reported some other reason but had unknown data in their write-in responses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015.

^{*} Not listed as a reason for this specific prescription drug type.

SUMMARY

Background: Prescription drug misuse is second only to marijuana use as the nation's most common type of illicit drug use. As a result, understanding the prevalence of and reasons for prescription drug misuse has major public health implications. Policymakers can use this type of information to help inform their assessments of substance use prevention and treatment needs in their communities. **Method:** This report uses data from the 2015 National Survey on Drug Use and Health to provide up-to-date information on estimates of past year misuse of prescription drugs and reasons for the most recent prescription drugs misuse for adults aged 18 or older. Results: About 91.8 million adults aged 18 or older were past year users of prescription pain relievers in 2015, representing more than one-third (37.8 percent) of the adult population. About 11.5 million adults misused prescription pain relievers at least once in the past year, and the most commonly reported reason for their last misuse of a pain reliever was to relieve physical pain (63.4 percent). About 5.7 million adults misused prescription tranquilizers at least once in the past year. The most common reasons for misuse the last time were to relax or relieve tension (46.2 percent) and to help with sleep (21.2) percent). About 4.8 million adults misused prescription stimulants at least once in the past year. The most commonly reported main reasons for the misuse of stimulants among adults who misused stimulants in the past year were to help be alert or stay awake (28.4 percent), to help concentrate (26.2 percent), and to help study (22.4 percent). About 1.4 million adults misused prescription sedatives at least once in the past year; the most common reason for the last misuse was to help with sleep (73.2 percent). **Conclusion:** This study highlights that most people who misuse prescription drugs are doing so for the very reason that the substance is typically prescribed, and comparatively few were misusing the prescription drug because they were trying to get high. However, the misuse of many of these prescription drugs, such as prescription opioids, has documented risks, such as dependence, overdoses, and death.

Keywords: National Survey on Drug Use and Health, NSDUH, prescription pain relievers, prescription drugs, prescription sedatives, prescription stimulants, prescription tranquilizers

AUTHOR INFORMATION

cbhsqrequest@samhsa.hhs.gov

KEYWORDS

Short Report, Population Data, Researchers, Nonmedical Use, Drug Use Trends, Pain Relievers, Prescription Drugs, All US States Only, 2015

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by The Substance Abuse and Mental Health Services Administration (SAMHSA). The data used in this report are based on 2015 NSDUH data obtained from approximately 51,200 adults aged 18 or older. The Survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by The Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavior Health Statistics and Quality. (2013). Results from the 2012 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. SMA 13-4795, NSDUH Series H-46). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: http://www.samhsa.gov/data/population-data-nsduh.

